FEDERAL COMMUNICATIONS COMMISSION CUSTOMER INITIATED PAYMENT PROGRAM SET-UP FORM

Company Number: O	Location Maintenance (MP50) Complete the Payer information below.															
Company Number: D																
Payer Location Name: (Maximum 30 characters) Payer Bank Transit Routing: Payer Account Number:	Payer Location Number:			<u>0</u> <u>1</u>												
Payer Bank Transit Routing: Payer Account Number:	Company Number:			$ \underline{0} \underline{1} \underline{1} \underline{2} \underline{4} $												
Payer Account Number: CCDCK Corporate Checking (SAV) Savings	Payer Location Name:			(Maximum 30 characters)												
Transaction Code:	Payer Bank Transit Routing:															
Output Type:	Payer Account Number:															
Entry PIN:	Transaction Code:			☐ (CCDCK) Corporate Checking ☐ (SAV) Savings												
Consolidate by Posting TR/Acct: Y Consolidation Location Number:	Output Type:			⊠ ACH												
Enter Payer Location Number from above	Entry PIN:															
Attention: Address: City: State: Zip: Location Contact Maintenance (MP56) - Complete the Payer phone information below. General Instructions: This contact is authorized to assign and reset PINs. Enter the telephone number of the contact and enter the type of phone number under "T" as follows: W=work, H=home, B=beeper, E=emergency. G P O E I T A/C/D N N H Contact Name (Maximum 30 characters) Phone Number T A V Phone Number T	· · · · · · · · · · · · · · · · · · ·															
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A 1 1 1 1 1 1 1 1 1				act Name	(Maximum 30 chara	acters)		P	Phone	Number	1				Т	
Authorized by	A	✓						()	-					
Authorized by: Signature and Title of Authorizing Official Date/																
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FAX COMPLETED FORM TO: Credit and Debt Management Center FEDERAL COMMUNICATIONS COMMISSION For Number 202 418 2843																
Fax Number 202-418-2843 EFT Administration use only: Input byDate// Verified by Date//	EFT Administrat	tion us	e only: In					Verifie	ed by			Date	/_	/		